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ABSTRACT

This paper presents a "state-of-the-art" in teacher education in the United States. The clinical study of teaching and the rationale for Oklahoma State University's preservice language arts clinical experiences are discussed. A systematically organized structure for the utilization of clinical experiences, the "Teaching Clinic," is described and a documentary of its contribution to improved teaching is presented. (Author)

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ON-SITE: CLINICAL EXPERIENCES IN PRE-SERVICE TEACHER EDUCATION

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ON-SITE: CLINICAL EXPERIENCES IN PRE-SERVICE TEACHER EDUCATION

Scenario of teacher education. Presently, the scenario of teacher education in the U.S. appears to be assuming a more scientific stance as is evidenced by the type of clinical experiences being provided by major universities in the country. The reason for this phenomenon dates back to 1968 when the U. S. Office of Education proposed a plan for the reconstruction of teacher education which gave impetus to the development of model teacher education programs. This attempt by U.S.O.E. was the first of its kind to apply extensive systems planning strategies to teacher education in this country. These models have profoundly influenced present-day teacher education practices by placing emphasis on the scientific analysis of education. As a result, teaching performance is being defined by many in terms of specific, denotable, behaviors identified as competencies. Through this scientific analysis of the teaching process, a serious attempt is being made to relate more precisely the behavioral components of higher-order concepts of teaching.

Current research treating Competency-Based Teacher Education has, for the most part, been of a correlational process-product type which focused on generic teaching behaviors thought to be effective across subject areas and various types of curricula (Rosenshine and Furst, 1971; Dunkin and Biddle, 1974; Heath and Nielson, 1974). Consistency of findings across different studies by different investigators was achieved in many of the studies which suggests

a persistent relationship between certain process-product variables. However, despite the paucity of research in this regard, a number of studies have consistently shown significant relationships between certain teacher behaviors and student outcomes; therefore, it seems imperative to me that these findings be reflected in current teacher education programs. A clinical approach to teacher preparation can greatly enhance teacher effectiveness as is pointed out in the position taken by the Association of Teacher Educators which follows.

Clinical study of teaching. The clinical study of teaching according to the Association of Teacher Educators (ATE) is "a continuous exploration and examination of educational possibilities in particular settings and under varying conditions" (ATE, 1973, p. 1). Further, ATE maintains that it is a systematic attempt to generate: (a) instructional plans, (b) imaginative teaching strategies, (c) implementation of instruction, and (d) observation of instruction which involves situational analysis and feedback. Ultimately, through these processes, skillful teaching becomes the end product.

According to ATE (1973) clinical experiences in teacher education have three major functions:

1. They illustrate and demonstrate principles of practice.
2. They involve the application and testing of teaching and learning theory.
3. They provide opportunities for developing competency in the full range of teacher tasks.

ON-SITE. Having explicated my rationale for supporting the clinical study of teaching, I propose now to describe clinical experiences utilized in Oklahoma State University's ON-SITE teacher education program. ON-SITE, which is an innovative teacher education program, is a cooperative effort between the College of Education at Oklahoma State University (OSU) and the Stillwater Public Schools (SPS). ON-SITE (Oklahoma Nucleus for School Involvement in Teacher Education) is a pre-service teacher center whose members conceive the renewal of teacher education to be the joint responsibility of OSU and SPS.

ON-SITE's organizational typology may be classified as a free partnership which involves Oklahoma State University and the Stillwater Public Schools. The program was initiated in 1973 and is maintained as a partnership whose program development was and is being based on the accommodation of the needs and goals of both OSU and SPS. As a functional type, ON-SITE is a responsive teacher center -- responsive to the needs of its members and their mutually derived objectives (Schmieder and Jarger, 1974).

ON-SITE is a three semester professional program which provides earlier and more intensive ON-SITE involvement in elementary education. It has as its major goals:

1. The maintenance of cooperative efforts among teachers, associate teachers, university professors, and administrators in planning and implementing learning experiences for children.

2. The revitalization of teacher education through a cooperative effort of OSU and SPS.

3. The development of a program which integrates methodological theory with implementational strategies in the classroom.

4. The provision of opportunities for further professional development of teachers and university professors.

ON-SITE students, referred to as Associate Teachers, have the opportunity to work with four different cooperating teachers (K-8) at different grade levels and in different schools. The program provides for a wide variety of learning experiences related to classroom instruction and management. Associates spend six hour per week in elementary classrooms for two semesters, and are expected to work with individual students and small groups under the supervision of both the cooperating teacher and the university supervisor. At the conclusion of Phase II, Associate Teachers will have completed 180 hours of classroom observation/participation prior to 12 weeks of full-time student teaching.

The Teaching Clinic. In my opinion the Teaching Clinic (Olsen, Barbour, and Michalak, 1971) is one of the more systematically organized structures for the implementation of clinical experiences in pre-service teacher education; therefore, I elected to use it as a vehicle for initiating ON-SITE clinical experiences in language arts education. The Teaching Clinic, a peer interaction model, is a strategy for improving teaching which identifies and analyzes specific behavioral components of effective teaching. It is a systematic attempt of peers: (a) to plan a lesson, (b) to critique this lesson plan as a group, (c) to teach a lesson while peers

observe and record data relative to specific teaching skills, (d) to conduct a critique of the lesson, and (e) to develop a strategy for improved teaching in the future. Ordinarily, a team consists of five or six members one of whom is the leader. This peer supervision model, according to the authors, is composed of five phases:

1. Planning: One student Associate Teacher plans a lesson with assistance from peer team members. Observational tasks are assigned to other peers, e.g., the recording of data regarding question asking skill or teacher-pupil interaction. A number of systematic observation instruments are available on which to record data. To facilitate the smooth functioning of the group, a leader is charged to assist in the planning and organization of the clinic.

2. Observation session: Observation of the demonstrating teacher is made and data are collected about pre-assigned elements of teaching. Either actual classroom observations may be made or video taped recordings may be used.

3. Critique preparation: Both the demonstrating teacher and the group prepare a separate written analysis of the teaching session based on the data collected. The latter are organized and analyzed in a meaningful way and decisions are made about presenting the information in a supportive manner.

4. Critique and strategy development: The demonstrating teacher shares his/her self analysis of the lesson; the group reports and clarifies data observed. Collective feedback provides the basis for strategy development for improved future teaching.

5. Supervisory team review; future planning: Participants evaluate the dynamics of the teaching clinic and give suggestions for improved future sessions. Plans are made for the smooth functioning of the next session when another peer will perform as demonstrating teacher.

Prior to my initiation of the Teaching Clinic considerable thought was given to some of the higher-order competencies of effective teachers. The following are suggestive of those which were discussed and incorporated into daily ON-SITE observation/participation experiences: (a) the personality and role of the teacher; (b) lesson planning and advance preparation, variation of the stimulus, support systems; (c) presentation skills: establishing set, use of examples and models, establishing appropriate frames of reference, and achieving closure; (d) participation, interaction, communication, and use of feedback cues; (e) question-asking skills: probing, cueing, divergent, convergent, and higher-order questioning; (f) classroom management: recognizing variant behavior, general awareness, sustaining one activity while monitoring another, and the reinforcing of behavior, and (g) diagnosis and evaluation.

Instruction in the use of the Flanders and Barbour supervision scales assisted in focusing associate teachers' observations. The same result was achieved through the use of Associate Teacher-devised and/or modified supervisory instruments. Analysis of data revealed patterns of teaching and these generated questions and discussion relative to the multi-faceted teaching process.

In conclusion, I present to you some evaluations of the Teaching Clinic recently submitted by ON-SITE Phase I Associate Teachers. Their comments have consistently been positive and aptly summarize the value of this clinical approach in teacher education.

1. This process increases facility in identifying and analyzing good teaching behaviors.

2. The collective effort to create lesson plans which utilize appropriate support systems leads to improved instruction.

3. Associate Teachers are given the opportunity to observe each other, as well as, students at various grade levels.

4. The observation of other teachers refines one's own potential for successful teaching.

5. This process increases familiarity in the use of observational techniques which yield both objective and subjective data.

6. It assists Associate Teachers in the analysis and evaluation of their own performance.

7. Group analysis of the instructional act yields more accurate and extensive feedback.

8. The supportive climate in which discussions occur allows freedom for Associate Teachers to reveal concerns about teaching.

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